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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)  <b>OR</b>	Attorney Docket Number	DEP5108
	First Named Inventor	Jeffrey M. Ondria
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Shoulder Positioning Fixture, Trials and Associated Method**

*(Title of the Invention)*

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number  
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

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AND

☐ Practitioner(s) named below:  
Name \_\_\_\_\_ Registration Number \_\_\_\_\_

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City:

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<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any])		<b>Family Name</b> or Surname	
Jeffrey M.		Ondrla	
<b>Inventor's Signature</b>		<b>Date</b>	
<i>Jeffrey M. Ondrla</i>		AUG. 15, 2003	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
Leesburg,	Indiana	USA	US
<b>Mailing Address</b>			
6132 E. 450 N.			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Leesburg	Indiana	46538	USA

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<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any])		<b>Family Name</b> or Surname	
Andrea L.		Hahn	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
Petersburgh	MI	USA	US
<b>Mailing Address</b>			
10765 Whiteford Road			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Petersburgh	MI	49270	US

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<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any])		<b>Family Name</b> or Surname	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Jeffrey M.

Family Name

or Surname

Ondria

Inventor's  
Signature

*Jeffrey M. Ondria*

Date *AUG. 15, 2003*

Residence: City

Leesburg,

State Indiana

Country USA

Citizenship US

Mailing Address

6132 E. 450 N.

City

Leesburg

State Indiana

ZIP 46538

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Andrea L.

Family Name

or Surname Hahn

Inventor's  
Signature

*Andrea L. Hahn*  
*Petersburg 8/22/03 A.H.*

Date

*8/22/03*

Residence: City

*Petersburg*

State MI

Country USA

Citizenship US

Mailing Address

10765 Whiteford Road

City

*Petersburg 8/22/03 A.H.*

State MI

ZIP 49270

Country US

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Family Name

or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

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